SCHEDULE B (FEC Form 3X)

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28		23 28b	24 28c		25 29	2 3	6 0b
Any Information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)	The and address of any political of	OITIITI	illee lo s	SOIICIL CC	iiiibu	110115 110	JIII SUCII	COITIII	iillee		
International Longshore and Warehouse	Union Political Action Fur	nd									
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	SB23.2	2453	3		
A. CHARLIE BROWN						Disburse / D		v • v		V	
Mailing Address PO Box 4506				O	8 ^M	2	5 /	2	0 Ď 6		
City	State Zip Code			An	ount o	of Each	Disburse	ement	this P	eriod	
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President	Other (specify)										
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Full Name (Last, First, Middle Initial) LOIS CAPPS						t ion ID: Disburse	SB23.2	2452	7		
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Full Name (Last, First, Middle Initial) GABRIELLE GIFFORDS				_		tion ID: Disburse	SB23.2	24534	1		
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SUBTOTAL of Disbursements This Page (optional)		. •					40	0.00	0 ,	1
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